

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

| REQUEST FOR PATENT FEE REFUND                         |                                   |   |  |          |
|---|-----------------------------------|---|--|----------|
| 1 Date of Request: <u>6-11-05</u>                     |                                   | 2 Serial/Patent # <u>10/523044</u>  |  |          |
| 3 Please refund the following fee(s):                 |                                   | 4 PAPER NUMBER  | 5 DATE FILED   | 6 AMOUNT |
| <input type="checkbox"/>                              | Filing                            |   | 10523044<br>10523044<br>192570<br>10523044<br>08080018<br>192570<br>08080018<br>DAH 192570<br>408-00 DA<br>06/13/2005<br>Sale Re: 08080018<br>01 FC:1142 | \$       |
| <input type="checkbox"/>                              | Amendment                         |   |  | \$       |
| <input type="checkbox"/>                              | Extension of Time                 |   |  | \$       |
| <input type="checkbox"/>                              | Notice of Appeal/Appeal           |   |  | \$       |
| <input type="checkbox"/>                              | Petition                          |   |  | \$       |
| <input type="checkbox"/>                              | Issue                             |   |  | \$       |
| <input type="checkbox"/>                              | Cert of Correction/Terminal Disc. |   |  | \$       |
| <input type="checkbox"/>                              | Maintenance                       |   |  | \$       |
| <input type="checkbox"/>                              | Assignment                        |   |  | \$       |
| <input type="checkbox"/>                              | Other                             |   |  | \$       |
|   |                                   | 7 TOTAL AMOUNT OF REFUND  |  | \$       |
|   |                                   | 8 TO BE REFUNDED BY:  |  |          |
| 10 REASON:  |                                   | Treasury Check<br><br>Credit Deposit A/C #:<br>9 <span style="border: 1px solid black; padding: 2px;">19--2570</span> |  |          |
| <input type="checkbox"/>                              | Overpayment                       |   |  |          |
| <input type="checkbox"/>                              | Duplicate Payment                 |   |  |          |
| <input type="checkbox"/>                              | No Fee Due (Explanation):         |   |  |          |
|   |                                   |   |  |          |
| 11 REFUND REQUESTED BY:                               |                                   |   |  |          |
| TYPED/PRINTED NAME: <u>BAC</u>                        |                                   | TITLE:  |  |          |
| SIGNATURE: <u>BAC</u>                                 |                                   | Adjustment Date: 06/13/2005 BCAMPBEL<br>02/08/2005 PHONE: 00000069 192570 10523044<br>02 FC:1632 300.00 CR            |  |          |
| OFFICE: <u>PCT/DO/EO</u>                              |                                   |   |  |          |
| ***** THIS SPACE RESERVED FOR FINANCE USE ONLY: ***** |                                   |   |  |          |
| APPROVED: _____                                       |                                   | DATE: _____   |  |          |

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*

**Office of Finance  
Refund Branch  
Crystal Park One, Room 802B**